

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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OCT 17 2017

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

. Name of Lobbyis	t(s) Deb	Debra Vanderbeek, Robert Clegg, Periklis Karoutas, Leann Moccia				
I. Name of lobbyis	t's partnership, fir	m or corporation, it	fany:			
Legi	islative Solutions,	L.L.C.				
	ame of partnership, fi		, , , ,			
P	P.O. Box 10724	Bedford	NH	03110		
Business Address: (Street)	(Town/City)	(State)	(Zip Code)		
) 603-986-91	.45	()	e-mail dbeek	@aol.com		
(Telephone))	(F	ax)			
			oorts for each client, OR you le to any one client).	may file a separate report t		
			•			
All reportable tra	ansactions occurring	g in the months prior	to the reporting date relative t	o the following client:		
	New Hampsh	nire Camp Directors	s Association			
	(Full Name of Cli	ent as it appears on the	Lobbyist Registration Form)	•		
<u>)R</u>						
All reportable tra	-	obyist (including the l	lobbyist's family), or the lobby	ying firm listed below which		
V. Date of Report	April 26, 2017		July 26, 2017			
eports cover: act	tivity from date of reg	r	activity from 4/1/17 to 6/30	0/17		
	October 25, 20		January 31, 2018			
	activity from 7/1/17	/ to 9/30/17	activity from 10/1/17 to 12	2/31/1/		
	d, complete just this		ble transactions made since the Secretary of State's Office			
I. Check if addition	onal reports are at	tached:				
If you have rece	ived fees or made e	xpenditures, you mus	st file Addendum A- Fees an	d Expenses		
	an honorarium or r		you must file Addendum B-			
If you, your firm	n, or your family has	s made political conti	ributions, you must file Adder	ndum C- Political Contributi		
	, or your running nu	o mado pormour com				
have read RSA 15,	Affirmation by Lob RSA 15-B, RSA 14 Dest of my knowled	4-C and RSA 664 and	d hereby swear or affirm that t	· ,		
(Signature of lobby	ist)	7	Octob	<u>en 13,</u> 2117 (Date)		
Debra Vanderbeel	k					
(Print Name of lobb	oyist)					

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Debra Vanderbeek, Robert Clegg, Periklis Karout	as, Leann Moccia
II. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C.	
(Name of partnership, firm or corporation)	
III. Name of Client NH Camp Directors Association	Date October 13, 2017
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 1500.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$3000.00 ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 4500.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid expenses; (b) the aggregate total of all e: meals purchased during a business as than \$10 that is given to the person d with a value of \$25.00 or less); and erting period of greater than \$25.00 for the of greater than \$25, purchase of a er than \$25, but not greater than \$50 expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 1500.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u>0</u>

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ <u>1500.00</u>
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>3000.00</u>
f) Total of all expenses year to date	f) \$ 4500.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
	·
Sworn Statement/Affirmation by Lobbyist	·
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
	October 13, 2017
(Signature of lobbyist)	(Date)
Debra Vanderbeek	
(Print Name of lobbyist)	

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State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

	Affirmation by Lobby ne and Expenses for:	•		
Name of Lobbying pa	rtnership, firm, or corpo	oration: Legislative Solution	ns	
Name of Client (leave particular client):	blank if Statement is fo	or the partnership, firm, or	corporation and not related	to any
Date of Report (check	(one):			
April 26, 2017 □	July 26, 2017 □	October 25, 2017	January 31, 2018 □	
			nd Expenses described abov umber of Addendum forms	
Addendum A	(s).			
Addendum B((s).		•	
Addendum C((s).		;	
	rm that the foregoing in f my knowledge and be		nt and each Addendum is tru	ie and
XMy7 (Cley	Octo	ber 13, 2017	
Signature of lobbyist) (///		(Date)	
Robert Clegg				

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Aff	irma	tion	by :	Lobb	yist
Statem	ent of	Income	and	Expe	ense	s for	:

Name of Lobbying partnership, firm, or corporation: Legislative Sol	utions :
Name of Client (leave blank if Statement is for the partnership, firm, or coparticular client):	orporation and not related to any
Date of Report (check one):	
April 26, 2017 □ July 26, 2017 □ October 25, 2017 ◘	January 31, 2018 □
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and the following Addendums submitted with that Statement (insert the numsubmitted):	•
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing information on the Statement complete to the best of any knowledge and belief. October	and each Addendum is true and
(Signature of lobbyist)	(Date)
Periklis Karoutas (Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbyin	g partnership, firm, or corpo	oration: Legislative S	olutions
_	leave blank if Statement is f	or the partnership, firm, or	corporation and not related to any
Date of Report (c	heck one):		
April 26, 2017	□ July 26, 2017 □	October 25, 2017 🕅	January 31, 2018 □
			nd Expenses described above, and umber of Addendum forms being
X Addendu	m A(s).		
Addendu	m B(s).		
Addendu	m C(s).		
-	est of my knowledge and be	lief.	nt and each Addendum is true and ber 13, 2017 (Date)
Leann Moccia			
(Print Name of lo	hhvist)		